Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number: I20080000067

Phone Fax Number : (845)425-0077 : (845)818-3588

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION 9 OUTDOORKITCHEN HOLDINGS INC

Certificate of Status	0
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Estimated Charge	\$70.00

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Corporate Filing Menu

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE II PRINCIPAL OFFICE		
Principal atreet address	Mailing address,	if different is:
Sela St.		
amat Hasharon, Israel 4703133		
RTICLE III PURPOSE ne purpose for which the corporation is organi	zed is:	
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Name a	nd Title:	Name and Title:
Addres		Address:
ARTICLE VI The name and l	REGISTERED AGENT Florida street address (P.O. Box NOT acceptab Voorp Services, LLC	le) of the registered agent is:
Address:	5011 South State Road 7, Suite 106	
	Davie, FL 33314	19 JUL
ARTICLE VII	<u>INCORPORATOR</u>	i i
The name and a	address of the Incorporator is:	<u>ق</u>
Name:	Taylor Lolya	<u> </u>
Address:	25 Robert Pitt Drive, Suite 204	2: 1
	Monsey, NY 10952	<u> </u>
Effective date, i (If an effective filing.) Note: If the dat		annot be more than five days prior or 90 days after the able statutory filing requirements, this date will not be listed as
Having been no this certificate, i	l am familiar with and accept the appointment of	ocess for the above stated corporation at the place designated in is registered agent and agree to act in this capacity
	gage of C	07/09/2019
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
	Fage 120 C	07/09/2019
Required Signature/Incorporator		Date